

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER C.A. 07-570	
DEFENDANT VARIOUS PARCELS OF REAL PROPERTY, ET AL.		TYPE OF PROCESS COMPLAINT/WARRANT	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	SEE BELOW		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
MARY MCKEEN HOUGHTON ASSISTANT U.S. ATTORNEY 700 GRANT STREET, SUITE 400 PITTSBURGH, PA 15219 (412) 894-7370		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PURSUANT TO THE ATTACHED COMPLAINT AND WARRANT FOR ARREST, PLEASE IMMEDIATELY POST THE WARRANT OF ARREST ON THE DEFENDANT REAL PROPERTY LOCATED AT 521 STOKES AVENUE, BRADDOCK, PA 15104, WITHOUT SEIZING OR TAKING CUSTODY OF IT.

Signature of Attorney other Originator requesting service on behalf of: <i>Mary McKen Houghton</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 412-894-7370	DATE 7/16/07
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendants usual place of abode
Address (complete only different than shown above)	Date 9-6-07 Time 2:11 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS: 0247-07  
CATS: 07-DEA-484219  
(mjp)

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00